



***Implementing Language Plans and Policies-  
A Panel Discussion  
Language Access Leadership Conference  
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## Virginia Medicaid At a Glance

- Medicaid was enacted by Congress in 1965 as an entitlement program as part of the "Great Society" initiative
- Medicaid programs enroll certain groups of qualifying low-income persons and cover select health care services as allowed under federal legislation
- While states in developing Medicaid programs have to comply with federal Medicaid law and regulations pertaining to eligibility, providers, program integrity and other areas, each state's Medicaid program is different from other states

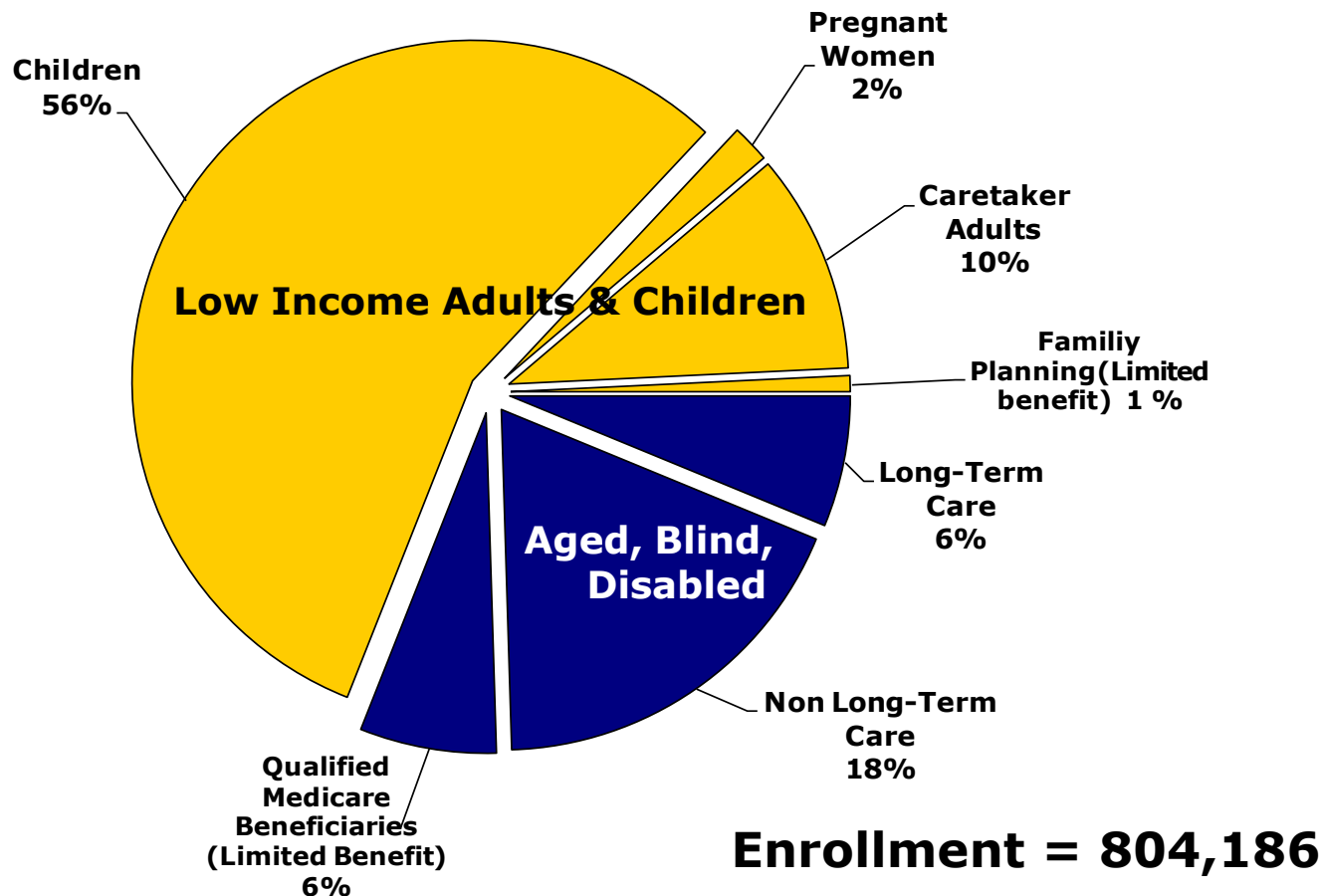


## Virginia Medicaid At a Glance

- Medicaid program costs are shared by the states and federal government, the federal share is higher in states with lower per capita income
- Virginia's federal Medicaid match rate is 50 percent for medical and administrative services
- The local Virginia Department of Social Services offices are the contact for Medicaid and FAMIS Plus (children's Medicaid) eligibility. These offices have coverage fact sheets and program applications in several languages



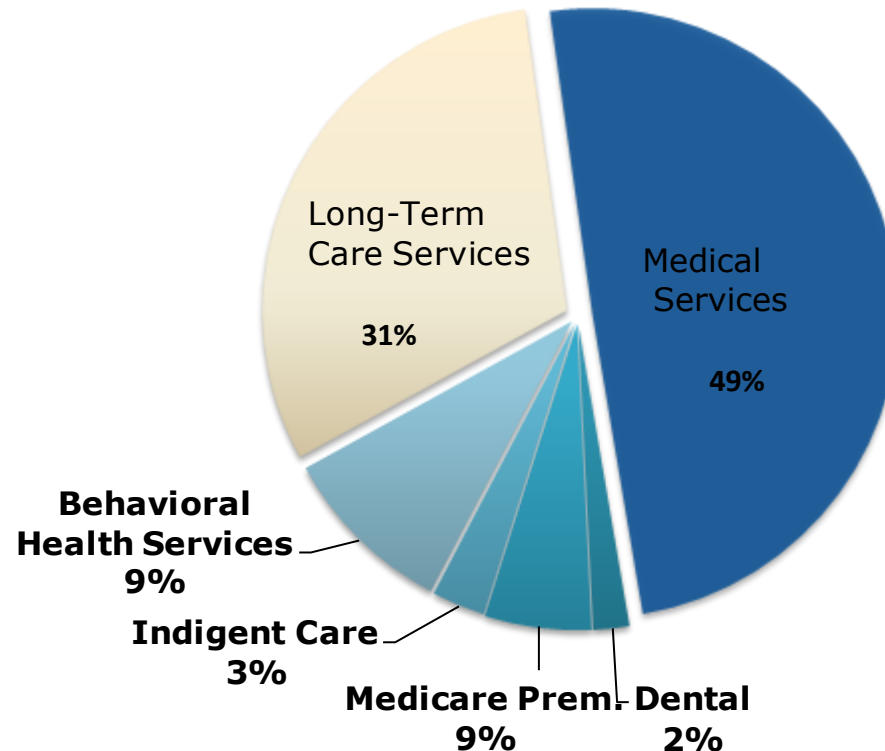
## Virginia Medicaid at a Glance- "Enrollment 2011"





## Virginia Medicaid At a Glance- "Expenditures 2011"

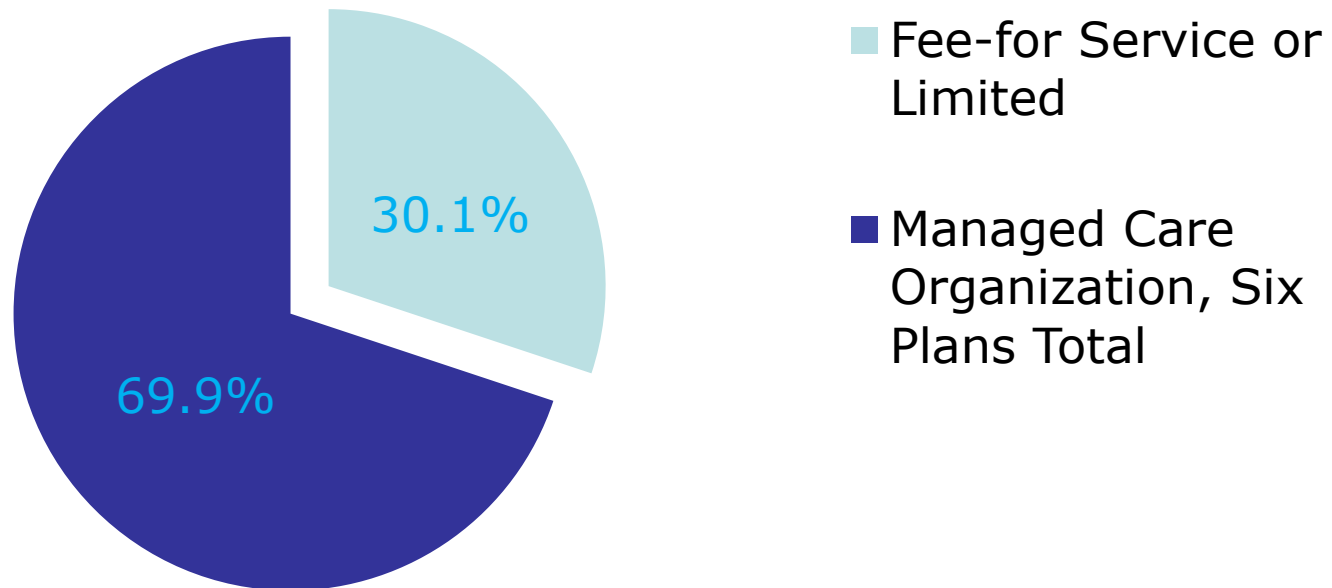
**Expenditures Total = \$7,166,169,000**





## Virginia Medicaid At a Glance- Type of Service Coverage, July 2012

### Type of Medicaid Service Coverage





## Virginia Medicaid at a Glance- Services Covered

- Among the services covered by Virginia Medicaid are:
  - Inpatient and Outpatient hospital services
  - Physician and nurse midwife services
  - Laboratories and x-ray services
  - Transportation-emergency and non-emergency
  - Nursing facility services
  - Home health
  - Early and Periodic Screening, Diagnosis and Treatment program
  - Dental care for persons under age 21
  - Prescription drugs
  - Occupational and other rehab services
  - Hospice
  - Some mental health services
  - Some substance abuse services
  - Home-based long term services and supports, including "waivers"





## Virginia Medicaid at a Glance- Medicaid Enrollees

- When Medicaid recipients are enrolled, they are asked for their primary language
  - Spanish is the most frequently mentioned language reported by more than 40,000 persons



# Managed Care

- DMAS became involved in managed care at the direction of the General Assembly in the 1990s
- Under the Medallion II program, DMAS contracts with “Managed Care Organizations” for the provision of most Medicaid covered services
- MCOs under contract to DMAS:
  - Amerigroup
  - Anthem
  - Coventry
  - Majestacare
  - Optima
  - Virginia Premier
- DMAS makes a “capitation” payment each month to each MCO, based on the number of Medicaid recipients it has agreed to serve

## Managed Care, continued

- Currently, about 687,000 Medicaid recipients are enrolled in Medallion II in 134 localities
- Not all Medicaid recipients are eligible for Medallion II, exclusions include:
  - Inpatients in long-stay hospitals
  - Inpatients in state hospitals
  - Persons in hospice programs
  - Persons in foster care (except for City of Richmond)
  - Persons with Medicare or other health insurance
- Further specific information on the Medallion II program is at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)



## Managed Care, continued

- Under the contract with DMAS, MCOs have the following requirements for interpretation and translation services:
- Information on how to access oral interpretation services, free of charge, for any non-English language spoken
- If 500 or more of its members are non-English speaking and speak a common language, the Contractor must include, if feasible, in its network at least two medically trained professionals who speak that language.



## Managed Care, continued

- A multilingual notice that describes translation services that are available and provides instructions explaining how members can access those translation services.
- Translation of the Member Handbook once five percent or more of the enrolled population is reached who are non-English speaking and sharing a common language. The Handbook, once available, is to be distributed to this group
- The role of interpreters is also discussed regarding consent for sterilizations and grievances and appeals



## Managed Care, continued

- DMAS recently conducted a five question survey of MCOs regarding their interpreter and translator services:
- Q. 1. What best describes the MCO's current process for handling requests for interpreter services:
  - 4 MCOs have a coordinator for interpreter services
  - For 2 MCOs, requests are handled by the medical care delivery sites



## Managed Care, continued

- Q.2. What methods are used for providing interpreter services?
  - 4 of 6 MCOs use predominately dial-in language lines
  - 1 MCO uses 45% language line and 45% medical staff with interpreter skills
  - 1 MCO uses bilingual call center staff



## Managed Care, continued

- Q.3. What are the three most requested non-English languages?
  1. Spanish (all MCOs)
  2. Persian, Vietnamese and Cantonese, Arabic (3 MCOs), Burmese
  3. Vietnamese, Sign Language, Nepali, Mandarin and Korean, Korean and Vietnamese, Nepali and Vietnamese



## Managed Care, continued

- Q.4. Does the MCO have standards or requirements for interpreters regarding their education, training, and language proficiency? Each MCO's reply is below:
- Language line vendor has ongoing training and quality oversight program
- Contract notes specific standards for vendors
- Each interpreter signs a confidentiality agreement and is bound by a strict code of ethics. MCO has quality specialists who monitor interpreter calls. Contract for translation has 40 hour course that must be completed



## Managed Care, continued

- Q.4. continued
- Interpreters must be available 24/7 to handle calls. Interpreters must be trained and certified. Languages [specified] available to translate
- Language proficiency
- Bilingual representatives are required to prove Spanish proficiency during job interview



## **Managed Care, continued**

- Q.5. How has MCO utilized translator services for non-English recipients in receiving medical services such as for pharmacy package inserts? Each MCO's reply is below:
- Language line or in-person translation during medical or behavioral health appointments
- Contract allows for phone and face-to-face translator services depending on member's needs
- Outreach letters and brochure translated into Spanish, also some health information in Spanish

## Managed Care, continued

- Q.5. continued
- All member materials in English and Spanish including mailings and website. If another language is requested, we will have that language printed and distributed
- Yes
- Based on our member needs, we are able to provide some educational materials for our care management programs

## Fee-for-Service

- Medicaid recipients not in managed care are in fee-for-service coverage
- DMAS has limited coverage of interpreter and translator services for FFS. Coverage is available through:
  - Enrollment broker
  - Transportation (Logisticare)
  - Smiles for Children dental program
  - Language line accessible to DMAS staff
- DMAS does not cover interpreter and translator services in provider settings such as a physician's office. DMAS does provide information about community resources available

## Fee-for-Service, continued

- Interpreter and translator pilot project initiated in 2006-2007:
- Pilot focused on the Northern Virginia area and involved the Northern Virginia Health Education Center, local health departments and INOVA Health System
  - Medicaid population served was fee-for-service only
  - Interpreter and translator services covered only when a Medicaid service involved such as a visit to a physician
  - Pilot project built on the existing contract DMAS had with the state Area Health Education Center organization

## Fee-for-Service, continued

- Services were billed through the Northern Virginia AHEC, which retained an amount for bill processing. Services billed were low in number
- DMAS reimbursement reflected federal funds matched to local funds expended for interpreter and translator services
- DMAS closed the pilot project in 2007 based on its understanding of federal Medicaid regulations for administrative claiming and not-for profit organizations. DMAS had discussions with a public organization to continue the project but the project did not proceed



## Questions?

- DMAS Website  
<http://www.dmas.virginia.gov/>
- Contact DMAS staff Jeff Nelson- 804-371-8857 or [jeff.nelson@dmas.virginia.gov](mailto:jeff.nelson@dmas.virginia.gov)



## *Department of Medical Assistance Services*





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